

DOCUMENT # P92000013879

1. Entity Name

FLORIDA BRAND, INC.

Principal Place of Business

Mailing Address

300 N KROME AVE
BLDG 14
FLORIDA CITY FL 33034PO BOX 901988
HOMESTEAD FL 33031-1801

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

P.O. Box 901325

Homestead, FL

33090

USA

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90044 002 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0379858

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUTZKE, BARNEY W., SR.
17855 S.W. 248 STREET
HOMESTEAD FL 33030

Name

Mike Chow

Street Address (P.O. Box Number is Not Acceptable)

27451 S.W. 167 Ave.

City

Homestead

FL

Zip Code

33031

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Mike Chow

1/26/2000

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)☐FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution.☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
VP	RUTZKE, SHARON	17855 S.W. 248 ST.	HOMESTEAD FL	P	Mike Chow	27451 S.W. 167 Ave.	Homestead, FL 33031
P	RUTZKE, BARNEY W SR.	17855 S.W. 248 ST.	HOMESTEAD FL				
ST.	RUTZKE, BARNEY W JR	30201 SW 173 AVE	HOMESTEAD FL 33030				
D	RUTZKE, TINA	30201 SW 173 AVE	HOMESTEAD FL 33030				

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-26-2000 (305)246-331